

City of Delta

2007-2008 Little League Basketball

Players Name			Boy	or	Gir	I	
Parents Name							
Mailing address							
City Home Phone	Zip	Date of	f Birth				
Home Phone	Work	Phone		· · · · · ·			
Emergency Contact	ct: Name:	Ph	one				
Health consideration	ons						
		Please Che					
I would be interest	ed in coaching					_	
I would be interest	ed in helping the o	coach			·		
1			f h 400		7:	12	M
	interested in spo				Ou S	7 4	
Business namepreferred shirt colo Contact personphone#		COIOr			2		
Contact person		pnone	2 #	 	and the second		
	Ple	ase circl	e one		—	-	
T-Shir	t Size: YS	VM VL	AS AM	ΔL	AX	L	
			•				
Check $oldsymbol{}$ Grade	Deadline	Day	Class Time	Class	Code	Fee	
K-2	November 16	Saturdays	TBA	30130	01-k1	\$35	
3rd	November 16	Saturdays	TBA	30130	01-k2	\$35	

Check √	Grade	Deadline	Day	Class Time	Class Code	Fee
	K-2	November 16	Saturdays	TBA	301301-k1	\$35
	3rd	November 16	Saturdays	TBA	301301-k2	\$35
	4th	November 16	Saturdays	TBA	301301-k2	\$35
	5th	November 16	Saturdays	TBA	301301-k3	\$35
	6th	November 16	Saturdays	TBA	301301-k4	\$35

A late fee of \$5 will be added to any registrations after Nov. 16

Return completed forms to Bill Heddles Checks payable: City of Delta

I, the below signed as an adult (or parent of), the parent of), do herby release	the City of
Delta, it's officers, agents, or employees from liability for any injuries or damage	es which may
result to myself (my child) as a result of the Participation of myself (my child) in	า the City of
Delta Recreation Program. The applicant agrees to save and hold harmless th	e City of
Delta, it's officers, agents, or employees for any damages or personal injury wh	nich may re-
sult from activities occurring on the property of the City of Delta which is used i	n conjunction
with the Delta Recreation Program. Further the participant understands that	
parent or guardian participation is a requirement of this recreation program	
and that all of the coaches are volunteers.	